



Internal Mobility Applicant Interview Form

(Information Required Pursuant to 101 KAR 1:400)

Applicant Name

Date of Interview

SENIORITY

Months of Total State Service:

Months of Department or Cabinet Service: _____

QUALIFICATIONS

Education:

High School/GED ☐

College ☐

Graduate ☐

Undergraduate

If yes, college/university: _____

Degree: _____

Graduate

If yes, college/university: _____

Degree: _____

Other (classes, seminars, workshops, etc.): _____

PERFORMANCE EVALUATIONS

YEAR

RATING

Outstanding ☐

Highly Effective ☐

Good ☐

Needs Improvement ☐

Unacceptable ☐

Outstanding ☐

Highly Effective ☐

Good ☐

Needs Improvement ☐

Unacceptable ☐

Outstanding ☐

Highly Effective ☐

Good ☐

Needs Improvement ☐

Unacceptable ☐

RECORD OF PERFORMANCE

Occupational experiences, accomplishments, positions, awards, etc.: _____

CONDUCT

Reprimands, Disciplinary Fines, Suspensions, Other: _____

I hereby certify that all information contained herein is true and accurate.

Applicant's Signature

Today's Date